

EPA

March 2006

RCRAInfo CM&E EVALUATION – VIOLATION FORM

*EPA ID Number		PAD987348455			EIN		
Handler Name		The Dry Cleaners The					
Street		Five Points Plaza, 6a					
City		Lansdale		State	PA	Zip Code	19446
Actual Generator Status <i>Check only if different from Notified Status.</i>				LQG <input type="checkbox"/>	SQG <input type="checkbox"/>	CESQG <input type="checkbox"/>	Closed <input checked="" type="checkbox"/>
Universe Change Required? <i>(Generator Status Change Required)</i>				YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	If YES, complete the Universe Change Section (on reverse side of this form).	
RCRA Non-Notifier?				YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	If YES, complete the Handler Section (on reverse side of this form).	
Other Facility Information Changes?				YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	If YES, complete the Handler Section (on reverse side of this form).	
*EVALUATION		<input checked="" type="checkbox"/> Add		<input type="checkbox"/> Update	<input type="checkbox"/> Delete	You must provide an Evaluation Identifier (also known as the Sequence Number).	
*Evaluation Identifier	*Type	*Evaluation Start Date (mm/dd/yyyy)	*Agency	Responsible Person	Suborganization		
	CEI	1/18/2007	S	SBM	WM		
Day Zero (mm/dd/yyyy): You need to specify Day Zero for all evaluation types except CDI, CSE, FUI, SNY, and SNN, otherwise it defaults to Evaluation Start Date. For CDI, CSE, FUI, and SNY evaluations, you must select a previous CEI Start Date for the Day Zero. SNN evaluation type does not require a Day Zero.			1/18/02		Reclassified SV Date: Only applicable for SNY evaluation type as appropriate.		
Notes: ADDRESS NO LONGER EXISTS; FACILITY CLOSED							
Evaluation Indicator Field (Check all that apply) <input type="checkbox"/> Citizen Complaint <input type="checkbox"/> Multimedia Inspection <input type="checkbox"/> Sampling <input type="checkbox"/> Not Subtitle C							
Focused Coverage Areas (Use Only for Evaluation Type FCI) <i>Regulation-Specific FCI</i> BIF <input type="checkbox"/> CCI <input type="checkbox"/> CFI <input type="checkbox"/> INC <input type="checkbox"/> LDR <input type="checkbox"/> PTB <input type="checkbox"/> PTX <input type="checkbox"/> THI <input type="checkbox"/> UIC <input type="checkbox"/> UOI <input type="checkbox"/> UWR <input type="checkbox"/> OTHER (specify): _____ <i>Routine/Standardized FCI</i> CAR <input type="checkbox"/> CPC <input type="checkbox"/> DOS <input type="checkbox"/> EMR <input type="checkbox"/> IEI <input type="checkbox"/> ISI <input type="checkbox"/> RTI <input type="checkbox"/>							
Does this Evaluation Add/Update/Delete a Violation?				YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	If Yes, fill in the Violations Section(s) on page 2 of this form.	
Does this Evaluation link to a Commitment?				YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	If Yes, please use the RCRAInfo 3007 Information Requests and Commitments Form.	
Does this Evaluation link to a 3007 Request?				YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	If Yes, please use the RCRAInfo 3007 Information Requests and Commitments Form.	
OUTSTANDING VIOLATIONS COVERED BY ABOVE EVALUATION? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If Yes, fill in information below.							
*Seq. No.	*Violation Type	*Agency	*Regulation Citation (Type + Citation) (ex. FR 262.1)			*Date Determined (mm/dd/yyyy)	

*Required Fields

EPA ID Number				Handler Name			
PAD987348455				The Dry Cleaners			
VIOLATIONS SECTION (Additional Violations can be added/updated/deleted using the RCRAInfo CM&E Additional Violations Form)							
VIOLATION <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete						Link to Above Evaluation <input type="checkbox"/>	
Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier		Actual RTC Date (mm/dd/yyyy)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> A RTC Qualifier is required if entering an Actual RTC Date.		<input type="text"/>	
Notes: _____							
LINK CITATIONS TO ABOVE VIOLATION?				YES <input type="checkbox"/> NO <input type="checkbox"/>		If Yes, fill in information below	
Citation Type		Citation		Citation Type		Citation	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
VIOLATION <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete						Link to Above Evaluation <input type="checkbox"/>	
Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier		Actual RTC Date (mm/dd/yyyy)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> A RTC Qualifier is required if entering an Actual RTC Date.		<input type="text"/>	
Notes: _____							
LINK CITATIONS TO ABOVE VIOLATION?				YES <input type="checkbox"/> NO <input type="checkbox"/>		If Yes, fill in information below	
Citation Type		Citation		Citation Type		Citation	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HANDLER SECTION (Fill out if RCRA Non-Notifier)							
Handler Name		Contact					
Street							
City	State	Zip Code					
County							
UNIVERSE CHANGE SECTION (Fill out if Universe Change Required)							
i. Indicate the Facility's current Universe(s):				SQG			
ii. Indicate the new RCRAInfo Generator Universe: <i>Note: All TSD activity changes must be handled by the IOR and cannot be made using this form.</i>				LQG <input type="checkbox"/> SQG <input type="checkbox"/> CEG <input type="checkbox"/> Non-Handler <input type="checkbox"/> Closed <input checked="" type="checkbox"/>			
iii. Indicate the new transporter status: (Only fill out if the facility requires a transporter status change)			Transporter <input type="checkbox"/> <i>If the transporter box is checked, you must check at least one mode of transportation below:</i> <input type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> Rail <input type="checkbox"/> Other <input type="checkbox"/> Highway			Non-Transporter <input type="checkbox"/> Check non-transporter if the facility is currently listed in RCRAInfo as a transporter AND no longer transports hazardous waste.	

*Required Fields



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

Inspection Date 1/18/2007Time Start 12:45 pmTime Finish 1:00 pm**HAZARDOUS WASTE INSPECTION REPORT**☐ **GENERATOR**☒ **S Q GENERATOR**efact: 1593814Company name The Dry CleanersEPA I.D. Number PAD987348455

Employer I.D. Number (EIN) _____

Site Address Five Points Plaza, 6A Lansdale PACounty MontgomeryMunicipality Montgomery TownshipZip 19446Name of Inspector Susan Michler

Name & Title of Responsible Official _____

Person Interviewed _____

Telephone (____) _____

Mailing Address (if different from above) _____

Amount of Hazardous Waste Generated per Month: _____ Pounds _____ Kgs

1. Site Characterization:STORAGE: ☐ Container ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad Other _____PBR: ☐ Neutralization/WWTP ☐ Reclaim Other _____GENERATOR TREATMENT ☐ Containers ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad**2. Universal Waste:** ☐ Large Quantity Handler ☐ Small Quantity Handler

Universal Waste Types _____

3. Hazardous Waste Transporters:

Transporter Name _____ License Number _____

Transporter Name _____ License Number _____

Transporter Name _____ License Number _____

4. Types of hazardous waste generated and destination facility (location & type).

Waste Code	Waste Description	Destination Facility
	ADDRESS DOES NOT EXIST;	
	FACILITY CLOSED	

Commonwealth of Pennsylvania
Department of Environmental Protection
Bureau of Land Recycling & Waste Management

Inspection Report Comments

Date of Inspection 1/18/2007 Identification Number PAD987348455

Company/Facility/Site Name The Dry Cleaners

On this date, Susan Michler attempted to conduct a routine hazardous waste generator inspection at The Dry Cleaners, located in Montgomery Township, Montgomery County. The following observations were made:

- 1) The Dry Cleaners notified as a small quantity generator of hazardous waste in September 1991. There have been recent commercial developments in the Five Points Plaza and most of this shopping center was torn down. A new Lowes and Rooms to Go was constructed. There was no evidence of any dry cleaning activity or waste.
- 2) It has been determined that The Dry Cleaners no longer operates a facility at this address.

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature) _____ Date _____

Inspector (signature) *Susan Michler* Date 1/18/07